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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/919,960	
	<b>Filing Date</b>	August 2, 2001	
	<b>First Named Inventor</b>	Bruno COUILLARD	
	<b>Group Art Unit</b>	2137	
	<b>Examiner Name</b>	M. Pyzocha	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	35997-215056

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm or Individual name</b>	Edward W. Yee, (Reg. No. 47,294) Venable P.O. Box 34385 Washington, D.C. 20043-9998	<b>26694</b> PATENT TRADEMARK OFFICE
<b>Signature</b>	<i>Edward W. Yee</i>	
<b>Date</b>	Nov. 14, 2005	

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: _____			
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ATTORNEYS AT LAW

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**FEE TRANSMITTAL**  
**for FY 2005**

Patent fees are subject to annual revision.

NOV 14 2005  
PATENT & TRADEMARK OFFICE**TOTAL AMOUNT OF PAYMENT (\$)** 120.00**Complete if Known**

Application Number	09/919,960
Filing Date	August 2, 2001
First Named Inventor	Bruno COUILLARD
Examiner Name	M. Pyzocha
Group / Art Unit	2137
Attorney Docket No.	35997-215056

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 22-0261  Deposit Account Name: Venable LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Code Lrg Ent Fee (\$)	
FEE CALCULATION		Fee Code Sm Ent Fee (\$)	
1. BASIC FILING FEE		Fee Description Fee Paid	
Large Entity Fee Code	Small Entity Fee Code		
1011 300	2011 150	Utility filing fee	
1012 200	2012 100	Design filing fee	
1013 200	2013 100	Plant filing fee	
1014 300	2014 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	
1081 250	2081 125	Utility App. Size Fee	
1082 250	2082 125	Design App Size Fee	
1083 250	2083 125	Plant App. Size Fee	
1084 250	2084 125	Reissue App Size Fee	
1085 250	2085 125	Prov. App Size Fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES			
Total Claims	27	-27 **	=
Independent Claims	5	-5 **	=
Multiple Dependent			=
Large Entity Fee Code	Small Entity Fee Code		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2204 180	Multiple dependent claim, if not paid	
1204 200	2204 100	** Reissue independent claims in excess of three	
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		5. OTHER FEES (specify)	
		SUBTOTAL (3) (\$)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (4) (\$)	

**SUBMITTED BY** Complete (if applicable)

Name (Print/Type)	Edward Yee	Reg No. Attorney/Agent	47,294	Telephone	202-344-4632
Signature	<i>Edward Yee</i>	Date	11/14/2005		